(ग) यदि नहीं, तो इसके क्या कारण हैं; और

(घ) उनके निवास पर टेलीफोन सुविधा उपलब्ध कराने के लिए क्या कदम उठाये गये हैं?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी. शंकरानन्द: (क) से (घ) आवासीय टेलीफोन, भारतीय चिकित्सा पद्धति और होमियोपैथी के उन चिकित्सकों को प्रदान किया जाता है जो मुख्य चिकित्साधिकारी के पदों पर तैनात हैं तथा केन्द्रीय सरकार स्वास्थ्य योजना के लाभार्थियों को परामर्शी सेवाएं प्रदान करते हैं। चूंकि एक ही आयुर्वेदिक चिकित्सक पात्र है इसलिए उसे आवासीय टेलीफोन प्रदान किया गया है।

Agencies to Recruit for Admission for USSR Colleges

2811. DR. YELAMANCHILI SIVAJI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is mushroom growth of recruiting agencies for admitting students to Medical, Dental and Engineering Colleges of the erstwhile U.S.S.R.;

(b) whether they are approved by Government; and

(c) how it is ensured that the students are not cheated by unscrupulous elements in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Some advertisements issued by private recruiting agencies have come to the notice of the Government.

(b) No, Sir,

(c) The matter has been taken up with the Ministry of External Affairs and the Medical Council of India for necessary action.

Assistance to Bhopal Gas Victims

2812. SHRI DILIP SINGH JUDEV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any survey on the Bhopal Gas victims was conducted by the Central Government during last three years;

(b) if so, the diseases that most of the gas victims suffer and whether some of these diseases are incurable;

(c) the nature of assistance being given by the Union Government for the proper treatment of these victims; and

(d) the number of victims died for want of proper medical treatment?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) The Indian Council of Medical Research (ICMR) has conducted some surveys.

(b) The gas victims mainly suffered from the following diseases:

(1) respiratory.

(2) gastro-intestinal

(3) musculoskeletal

(4) opthalmic

(5) gynaecological and obsterical disorders and

(6) mental and central nervous system.

(c) The victims of the Bhopal Gas Tragedy are being provided with medical assistance under the Action Plan for relief and rehabilitation.

(d) There is no such information.

Birth Rate per Hour

2813. SHRI I. S. RAJU: Will the Ministr of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the birth rate per hour in India;

(b) whether it is a fact that the birth rate has increased in recent years in India;

(c) which is the State which has topped in family planning cases;

(d) whether Government is giving any incentives to boost at the number of family planning cases; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Based on the estimates of population and Crude birth rate for the year 1992 on an average per hour 2673 births took place in India.

(b) As per SRS estimates birth rate has declined from 29.5 in 1991 to 29.0 (provisional) in 1992.

(c) Total fertility rate is lowest in Kerala according to SRS 1991 estimates.

(d) The existing incentives to the Central Government employees having upto 3 children, undergoing sterilisation are; (i) a special increment in the form of personal pay not to be absorbed in future increases of pay; (ii) reduction of half percent on the rate of interest on House Building Advance; and (iii) special casual leave upto seven days in respect of male employees and upto fourteen days in respect of female employees. In addition, for general public, Rs.200/—per tubectomy and Rs.180/—per vasectomy is given by the Govt. of India to the States; out of this, Rs.100/—goes to the acceptor towards compensation for loss of wages.

(e) NDC Committee on population has made a set of recommendations of incentives and disincentives which have been endorsed by the NDC in September, 1993. These recommendations are under consideration of the Government.

@Originally Unstarred Question No. 1447, [illegible]

कैंसर की रोकथाम हेतु योजनाएं

2814. श्री ईशदत्त यादव: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि सरकार ने कैंसर की रोकथाम हेतु कई योजनाएं आरम्भ की है;

(ख) यदि हां, तो उन योजनाओं का ब्यौरा क्या है; और

(ग) ये योजनाएं किन-किन क्षेत्रों में आरम्भ की गई है?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानंद): (क) से (ग) राष्ट्रीय कैंसर नियंत्रण कार्यक्रम के अंतर्गत स्वास्थ्य शिक्षा, रोग का आरम्भावस्था में पता लगाना तथा चौड़ा दहत उपायों संबंधी जिला परियोजनाओं की एक योजना तथा स्वास्थ्य शिक्षा और रोग का आरम्भावस्था में पता लगाने के लिए पंजीकृत स्वयंसेवी संगठनों को वित्तीय सहायता देने की एक और योजना 1990-91 से आरम्भ की गई है। जिला परियोजनाओं की योजना के अंतर्गत गुजरात, कर्नाटक, केरल, मध्य प्रदेश, उड़ीसा, पंजाब, तमिलनाडु, पश्चिम बंगाल और दिल्ली की राज्य/संघ राज्य सरकारों को वित्तीय सहायता उपलब्ध कराई गई है। स्वयंसेवी संगठनों जो योजना के अंतर्गत गुजरात, केरल, महाराष्ट्र, तमिलनाडु, उत्तर प्रदेश, पश्चिम बंगाल और दिल्ली में 15 स्वयंसेवी संगठनों को सहायता उपलब्ध कराई गई है।

Indian Currency Circulated by Pak intelligence Service

@2915. SHRI SATISH PRADHAN: Will the Minister of HOME AFFAIRS be pleased to state:

(a) whether it is a fact that Pakistan Intelligence Services has circulated a large number of Indian currency notes; if so, the details thereof;

(b) whether the total counterfeit currency notes have been removed from circulation, if not, the reasons therefor; and

(c) the number of Indian nationals involved in this racket and the number of foreign nationals apprehended in connection with this racket?

THE MINISTER OF STATE IN THE [illegible] AFFAIRS